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Guidance for the Implementation of an Area Based Approach to Prevention, Partnership and Family Support

Child and Family Agency
This guidance document was commissioned by the Children and Family’s Directorate of the HSE and authored by Dr Aisling Gillen, National Specialist Family Support and Mr Fergal Landy, Dr Carmel Devaney and Dr John Canavan, UNESCO Child and Family Research Centre, NUI Galway. A detailed design group made a significant contribution to the final document, see Appendix 1 for a list of the members.

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INTRODUCTION

The development and implementation of a single, transparent, consistent and accountable National Service Delivery Framework (NSDF), focused on improving outcomes for children, is a key component of the Child and Family Support Agency (CFA). Providing support to a child or young person and their family is not the exclusive responsibility of Children and Family Services. The statutory services such as health, education, an Garda Síochána, local authorities and the community/voluntary sector all have a responsibility and a contribution to make in the protection and welfare of all children. Therefore, it is essential that the service design and development process involves, and applies to all these partners. The CFA is also being formed within a national policy context that places an increased emphasis on an evidence-led approach to prevention and early intervention. This document is intended to provide guidance on how CFA operational areas can develop their approach to prevention, partnership and family support within the NSDF.

The NSDF seeks to deliver services within a coordinated, multi-disciplinary and multi-agency framework, from universal and community services through to secondary and tertiary level services. All the services provided to children and families in an area must begin to act as one cohesive support system. By providing for an area-based approach to prevention, partnership and family support, this guidance is intended to fully integrate rather than separate the work of different agencies and professionals. Family Support is required at all stages of need, and often children with acute levels of need rely on universal services as well as specialist services for support. Also, there are services that will not be part of the CFA, but which are critical to child well-being - for example, child and adolescent mental health services, schools and adult mental health and substance misuse services. Details of the design process are included in appendix 1.
The NSDF will:

1. Have an integrated system of children’s services that will have formal linkages with external (to CFA) services and establish processes and procedures with children’s well being as their focus.

2. Have clear and consistent referral pathways for children and families, which are based on assessed need and with responses appropriate to meeting those needs.

3. Provide clarification around thresholds for assessment and intervention.

4. Ensure each referral is dealt with efficiently, effectively and proportionately and that families are directed to appropriate services in a timely and competent manner.

5. Support and encourage referrers to exercise their judgement effectively and work collaboratively to use their resources in the best interest of children.

6. Provide a framework for information sharing between core agency services and other services.

The CFA area managers overseeing the development of the local area pathways, and their staff and partners, should consider its development in the context of the overall service delivery framework, the creation of the Child and Family Agency and wider government policy. The development of local area pathways is part of the programme of projects being change-managed through to implementation as part of the creation of the CFA.

This document is part of a suite of documents to support the development of family support by the Child and Family Agency. The other documents are the Child and Family Agency Commissioning Strategy; a Parenting Support Strategy; 50 Key Messages to accompany the Parenting Support Strategy; a Participation Strategy; the report of a National Survey of Externally Funded Services; and What Works in Family Support?
2.0

RATIONALE FOR AN AREA BASED APPROACH TO PREVENTION, PARTNERSHIP AND FAMILY SUPPORT

This guidance reflects national policy, which requires all those who provide services to children and families to coordinate and deliver these services in an integrated way to help improve outcomes for children and families as outlined in the DCYA Interim Statement of Strategy (2011). The DCYA approach to secure developmental outcomes for children through more effective integration of polices and services is set out in Working Together for Children Initiative, 2011 and is spearheaded by Children’s Services Committees.

This approach is also harmonious with a rights-based approach to supporting families and protecting children under the United Nations Convention on the Rights of the Child, 1989 and detailed in General Comment 13 of the UN Committee on the Rights of the Child. This guidance is intended to support CFA Area Managers to align services to support children and families in local communities and geographical areas through the development of local area pathways as a key component of the NSDF. It provides guidance to area managers of the CFA, their staff and partners, on the set up and operation of local area pathways as part of an overall service delivery framework for the CFA. Therefore, this guidance must be seen as part of the wider NSDF and integrated with social work services. The structure and processes outlined should also be viewed in the context of wider developments in children’s services, such as Children Services Committees in accordance with the Working Together for Children, Governance Framework, 2011 and in relation to local government reform. The development of an area-based approach to prevention, partnership and family support is conducive to capitalising on the learning from the government’s Prevention and Early Intervention Programme (PEIP) and is consistent with the expansion of the prevention and early intervention programme by the government in the form of area based approaches to child poverty. When the additional sites are identified under this expansion measure, efforts should be taken to integrate this guidance with that initiative. Similarly there are many initiatives cultivating a prevention and early intervention approach.

It is essential that high quality services be provided to children and families at the earliest opportunity across all levels of need. A focus on early intervention and prevention is widely accepted as a policy and practice choice (The Agenda for Children’s Services, 2007; Families Matter, 2009; Allen, 2011). Providing help to children and families early in the stage of a

1. What Works in Family Support? highlights the experience of the last few years of the Department of Children and Youth Affairs Prevention and Early Intervention Programme and related major interventions funded by the Atlantic Philanthropies. The Prevention and Early Intervention Programme requires funded services to evaluate the effectiveness of their services in improving outcomes for children. This learning from this initiative is being disseminated by the Promoting the Learning Advisory Group. A parallel project; Capturing the Learning is also underway under the management of the Centre for Effective Services. This project aims to synthesise the collective overarching learning from the initiative as a whole (See www.effective-services.org, also see www.preventioninpractice.ie for further information on prevention and early intervention).
difficulty can prevent situations escalating and becoming more entrenched. Allen (2011) reports strong evidence for investing in early support services to address emerging child protection problems. To achieve this focus, a partnership approach to service delivery is necessary, both with families and with other agencies and disciplines. The recent report on the Roscommon Child Care Case (2010) highlighted the need for effective inter-disciplinary working and assessment processes in an effort to respond appropriately and in a timely manner to the needs of children. In her review of the child protection system in the UK, Munro (2011) highlights how early identification and provision of help is in children’s best interests and that multi-agency services which deliver support for families are vital in promoting children’s well being. Munro highlights how all who come into contact with families have a part to play in identifying children whose needs are not being adequately met (2011, p.11).
PRINCIPLES GOVERNING AN AREA BASED APPROACH TO PREVENTION, PARTNERSHIP AND FAMILY SUPPORT

The following principles are proposed to ensure the provision of a high quality effective service for children, young people and their families, that is focused on the delivery of targeted early intervention and support to vulnerable children and families who have additional needs. These principles will govern all aspects of local area pathways. In order to support local responsiveness to need and provide the flexibility to utilise existing resources it is intended that these principles guide implementation rather than imposing overly detailed prescription. These principles are:

• Children, young people and families will be at the heart of everything that we do. There will be a clear focus on the wishes, feeling, safety and well-being of children. Children First Guidance, 2011 and legislation must always be adhered to.
• Appropriate supports will be provided at the earliest point of engagement, using a strengths-based perspective that is mindful of resilience.
• Service providers will focus on improving outcomes for children and families and will track progress and results.
• There will be a focus on a progressive universalist approach to providing a continuum of support to all children and families. A balanced approach will be struck between developing primary prevention and early intervention services whilst maintaining secondary and tertiary services with a re-distribution of resources to areas of high need.
• Practice and service delivery will be informed by a consideration of evidence on effectiveness in the planning, monitoring and evaluation of services to meet needs.
• The CFA will work in partnership with children, families, communities, child and family practitioners and other agencies - both statutory and community and voluntary.
• Services will be cost-effective and will demonstrate value for money.
• Practitioners and services will promote human rights and social inclusion, addressing issues around ethnicity, sexuality, disability and rural/urban communities.
4.0 THE PURPOSE OF LOCAL AREA PATHWAYS

The purpose of local area pathways is to deliver an integrated service to children and families in need of support with the aim of improving outcomes across the Five National Outcomes.

The key functions of local area pathways are:

- To create a collaborative network of community, voluntary and statutory providers so as to improve access to support services for children and their families.
- To inform the commissioning process of how to use the total resources available for children and families in order to improve outcomes in the most efficient, effective, equitable, proportionate and sustainable way.
- To operate Meitheal – A National Practice Model for all Agencies working with Children, Young People and their Families. Meitheal is about preventative support where children have unmet additional and/or complex needs that need to be responded to but a referral under Children First is not required.
- To provide a clear framework for action co-ordinated by a lead practitioner and led by family requirements through the Meitheal Model.

Local area pathways will develop a network of agencies to work in co-operation with parents to provide timely support and will be focussed on protective factors for children and supporting families to avail of universal service provision. This will require, in time, all agencies using the same way of identifying need, sharing information and linking need to supports provided. All intervention must be planned and agreed with the family/child, with clarity as to what is to change and how the work will be done, and each intervention will be regularly, openly and formally reviewed.
In addition to supporting the above core functions, this guidance has been developed to:

• Ensure that all children and young people are safe by supporting the implementation of Children First Guidance, 2011 forthcoming legislation.
• Ensure that all children and young people are supported to achieve positive outcomes in line with the Five National Outcomes for children and to achieve a reduction of inequalities in outcomes.
• Support the overall National Service Delivery Framework for Children and Families.
• Enable integrated working for children and families who need more than one agency’s involvement.
• Ensure early identification of child and family needs and appropriately proportionate responses.
• Enable alignment of resources and skills across statutory, voluntary and community partners at local level so that identified need is met locally.
• To enable the HSE Children and Families, the Family Resource Centre Programme and the services currently operating under the National Educational Welfare Board to integrate into one coherent organisation as the CFA.
• To enable area managers of the CFA to, where required, re-configure and re-commission non-statutory funded services to support the delivery of this approach.
• To support the mainstreaming of learning from the DCYA Prevention and Early Intervention programme and support the process whereby the CFA aligns with the CSC initiative and the Area-Based Approach to child poverty.
• To enable the CFA to achieve efficiencies and value for money through more effective and integrated service delivery solutions for vulnerable families.
LOCAL AREA PATHWAYS IN PRACTICE

The CFA is committed to providing clear, seamless and integrated services for children and families. This will involve ensuring that arrangements are in place such that services provided and funded by the agency are well integrated with services provided by other relevant providers and funders. Thus, the NSDF needs to be seen in the context of a holistic health and well being service delivery system for children. Its focus is on ensuring that each child and family receives the support that is most appropriate to their needs, with the most vulnerable children and families receiving integrated support, increasing in intensity in accordance with level of need. Local area pathways are thus a fundamental link in connecting the range of health and well being services at frontline to ensure a co-ordinated approach to help provision for children and families.

In order to deliver on the core and additional functions outlined above, it is proposed that the Local Area Pathways have the following broad outline to deliver on these functions:

- Governance and leadership will be the responsibility of the CFA through the area managers.
- The structure beneath the Area Manager will include a designated senior manager post to lead on Prevention, Partnership and Family Support.
- A process of engagement with voluntary, community and statutory partners on the set-up and operation of the local area pathways will be established in each area. Where Children’s Services Committees (CSCs) exist, this engagement should occur through the CSC.
- A number of local Child and Family Support Networks (CFSN) consisting of local statutory providers, local voluntary/community children and family services and CFA staff, will be established in each area.
- Meitheal – A National Practice Model, for all Agencies Working with Children, Young People and their Families will be adopted in all areas including a common approach to the identification of strengths and needs and a practice model for coordinating and reviewing supportive interventions utilising a lead practitioner role and a ‘Team around the Child’ approach. This process will be supported by a CFSN coordinator(s).

An outcomes focus will be adopted in relation to all interventions with children, young people and families through local area pathways. A process of self-evaluation against the key principles outlined above will be adopted. It is intended that this will enhance the capacity of local agencies to meet identified need and develop a culture of accountability conducive to the development of quality service delivery.
5.1

THE DEVELOPMENT OF AN AREA BASED APPROACH TO PREVENTION, PARTNERSHIP AND FAMILY SUPPORT

The development of any new way of working is a process in which relationships between individuals and organisations are built up incrementally over time. This approach is also being developed at a time of considerable change in terms of the roll out of CSCs and the creation of the CFA. Different areas are expected to be in different states of readiness to deliver on the requirements set out in this guidance, and they are therefore likely to develop incrementally, depending on locally identified need and capacity to meet such need.

Based on the experience of the underpinning pilot initiatives, a considerable amount of training and development is required prior to full implementation. The development of an area based approach to prevention, partnership and family support must be undertaken in conjunction with the application of the CFA Commissioning Strategy and with the full continuum of need and support in mind. A national implementation plan will be developed and overseen by a national implementation group. This group will support Area Managers to develop tailored local implementation plans. This approach will ensure uniform, coherent development and the sharing of learning, whilst respecting local responsiveness to need.
The overall governance of local area pathways will be the responsibility of the CFA through the area managers. The Area Manager, through the Principal for Prevention, Partnership and Family Support will oversee and govern the work, through direct line management of CFA staff, through mandating CFA funded organisations to participate and engage, and through negotiating the participation and engagement of other statutory and non CFA funded organisations through his/her chairmanship of the Children’s Services Committees, where they exist, or through alternative interim structures.

The area manager and/or the Principal for Prevention, Partnership and Family Support will ensure that the service level agreements of the agencies funded by the CFA reflect their engagement in the local area pathway. He/she will also ensure that staff members of the CFA understand the importance of the role local area pathways play in achieving positive outcomes for children and families and that their participation is part of their core duties. This will ensure that the development of integrated working is championed by CFA staff at the frontline. The participation and engagement of other statutory agencies and non-statutory agencies with streams of funding outside the CFA should be agreed in writing at senior management (National and CSC) level in the form of memoranda of understanding and working protocols. During consultation, the interface with the directorates of the restructured health services, particularly primary care, was identified as a critical implementation issue.

The area manager and/or the Principal for Prevention, Partnership and Family Support, will engage externally with relevant stakeholders and internally with principal social workers and other staff to assist in the oversight of the local area pathways. It is important for the area managers to ensure that local area pathways operate as a seamless coherent system of support provision to children and families in need. The prevention of child abuse and neglect is part of the child protection system and must be well integrated with the part of the system responding to referred instances of abuse and neglect.
5.3

THE STRUCTURE BENEATH THE AREA MANAGER

As the CFA area managers have a wide range of responsibilities, it will be important to establish a key leadership role under each of the Area Managers to support an area-based approach to prevention, partnership and family support. It is strongly recommended that a Principal(s) for Partnership, Prevention and Family Support be appointed underneath each area manager. This title is recommended to ensure clarity and consistency in the development of local area pathways as systems providing preventative support through partnership. The number of such posts required will depend on the size and level of need in an area.

Suitable individuals to carry out this role are already in place in most areas with varying titles such as Family Support Manager or Principal Community Development Worker. Therefore, whilst this structure is essential in order to ensure the development of a consistent and standardised approach, it can be delivered cost neutrally within existing resources through reconfiguration. During consultation, it was identified that regional variations exist in this regard due to historical anomalies. This information will be captured as part of a capacity-readiness analysis. Where gaps exist, this will need to be identified and addressed over time in line with the Commissioning Strategy.

It will be the role of these senior managers to oversee the work of each local area pathway and to ensure that a range of services be available to meet the range of need. This person will liaise closely with the area manager and principal social workers and the overall governance will remain the responsibility of the area manager. The Principal for Prevention, Partnership and Family Support will work in partnership with the range of providers and will ensure that the CFA Commissioning Strategy unpins the set up of local Child and Family Support Networks (CFSN). He/she will co-ordinate and in some instances manage the identified and re-configured CFSN Co-ordinator(s) and support them in their role. (It is intended that CFSN Co-ordinators will be identified, re-assigned and/or re-configured from existing resources). He/she also have other responsibilities and manage other CFA staff as agreed.

2. The Office of the Director of Children and Family Services, HSE will advise on a suitable national process for the filling of these posts, including the development of a standardised job description.
5.3.1
KEY TASKS OF THE CFA PRINCIPAL FOR PREVENTION, PARTNERSHIP AND FAMILY SUPPORT.

To ensure that these core functions are achieved, the key tasks of the CFA Principal for Partnership, Prevention and Family Support will be to:

• Oversee the establishment and implementation of the Local Area Pathway in their catchment area.
• Conduct a local assessment of Child & Family needs and strengths in their area.
• Identify the optimum catchment areas for the Child and Family Support Networks (CFSNs) and the number of Co-ordinators required.
• Discuss and analyse the agency’s capacity to form locally into unified, cohesive and integrated networks of support to create CFSNs.

• Ensure that there is a continuum of support available to families which will include organisations providing a range of services from universal services to more targeted and intensive services. This will involve fully implementing the Commissioning Strategy, the What Works in Family Support? and the Supporting Parents Strategy.
• Oversee the establishment and implementation of the case co-ordination process Meitheal to ensure optimum throughput of families and integration with Social Work Systems and Practices.
• Develop strong partnership arrangements with agencies funded by the CFA and agencies who also provide services locally to children & families
• Co-ordinate and in some instances manage the identified and re-configured CFSN Co-ordinators and support them in their role.
A process of engagement with voluntary, community and statutory partners on the development of an area-based approach to prevention, partnership and family support is recommended, because inter-agency support and buy-in is necessary for successful implementation.

Where CSCs exist they will be well placed to support this initiative. Some CFA areas align precisely with current local authority areas, for example Donegal. Others align with a collection of local authority areas, for example Galway and Roscommon. This alignment should be conducive to the development of collaborative structures under CSCs if and when in place. However the alignment of boundaries between CSCs and CFA operational areas is more problematic in other areas, for example the CFA area Dublin South East/Wicklow intersects with four CSCs. The Detailed Design Group and many of those consulted have suggested that this issue be revisited in order to further support the development of integrated working in areas where CSCs and CFA areas do not align.

In each of the 17 areas it is important that the area manager or the CFA Principal for Partnership, Prevention and Family Support utilise the vehicle of the CSC or, where a CSC does not yet exist, develop an interagency and interdisciplinary steering committee. This committee should be composed of leaders and decision makers from local statutory children and families service providers (e.g. psychology, public health nurses, social work, justice, education and welfare) and local voluntary and community children and families services (family resource centres, youth services agencies currently funded through the HSE/CFA children and families services and organisations funded through other sources, for example Pobal, Department of Education). The committee’s purpose is:

- **To get their advice and help on the set-up of the CFSNs and of the identification and reassignment of frontline CFSN co-ordinator(s) in particular**
- **To secure their support and assistance to ensure functions of the local area pathways are implemented.**

The relationship of this steering committee to the local CSCs needs to be specified. There should be one inter-agency steering committee for each of the 17 areas, but area managers will need to examine their boundary issues to determine if more than one committee is required in some areas.
5.5

CHILD AND FAMILY SUPPORT NETWORKS

To help families access support there is a need for clusters of such support serving geographical areas that may be smaller than CFA areas or CSC areas. Therefore, it is proposed that Child and Family Support Networks (CFSNs) will be the unit building blocks of the NSDF and the frontline operational structure that will ensure integrated service delivery.

A number of Child and Family Support Networks, consisting of local statutory providers local voluntary/community children and family services and CFA staff will be established in each management area, building on existing networks. The concept of CFSNs is influenced by existing multi-agency initiatives and by Family Support Hubs currently being developed in Northern Ireland - for example the Ballymun Network in Dublin or the Southhill Youth Forum in Limerick. It is intended that where such networks exist they will be built upon.

The local Child and Family Support Networks will consist of all services that play a role in the lives of children and families in a given area and reflect that the CFSN is a partnership that recognises that supporting families and keeping children safe is everyone’s business. These networks could have a particular service at its hub, for example Family Resource Centres or Family Support projects (internal or external to CFA), to give a very visible presence to the CFSN in an area. However, in some more dispersed rural locations, the CFSNs could be a virtual network.

The CFSN will work in partnership with families to ensure that there is ‘no wrong door’ for families, and that all families in their locality receive easily accessible support, appropriate to meet their identified needs. CFSNs will capitalise on families’ own help seeking networks. Training together as an inter-agency group will be a key method of developing the CFSN as a unified, cohesive and integrated support system.

The role of members of the CFSN will be:

• To participate in a collaborative network of community, voluntary and statutory providers so as to improve access for children and families to support services at all levels of need.

• To participate in Meitheal - A National Practice Model by operating a common approach to the identification of strengths and needs and a practice model for coordinating and reviewing supportive interventions utilising a lead practitioner role and a ‘Team around the Child’ approach.

• Specifically to be a lead practitioner or a member of the team around the child Meitheal supporting the lead practitioner to ensure an integrated intervention that corresponds at all stages to the needs of children and families (as need escalates and also as need decreases and less intensive supports become necessary).
The role of the coordinator is informed by the experience of the underpinning pilot initiatives. This role has been critical in developing buy-in to a new way of working and facilitating the relationships necessary for integrated working. The need for this role is further supported by wider literature on multi-agency working, which emphasises the importance of committing to the resourcing of such work. The key tasks of the coordinator are:

- To centrally coordinate and support the implementation of the Meitheal Model, including providing training and support to the CFSN and to lead practitioners.
- To support the Principal for Prevention, Partnership and Family support in the development of CFSNs and an integrated continuum of support for children and families.
MEITHEAL - A NATIONAL PRACTICE MODEL FOR ALL AGENCIES WORKING WITH CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

In order to facilitate integrated working there is a need to develop a common approach to practice across all agencies that touch on the lives of children and families. A common approach to practice will also facilitate a uniform approach to ensuring the participation of parents and children in all matters affecting them and promote inter-professional learning. Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks. In this context Meitheal is a national practice model to ensure that the needs and strengths of children and their families are effectively identified and understood and responded to in a timely way so that children and families get the help and support needed to improve children’s outcomes and realise their rights. It is normally targeted at those children with unmet additional needs which, if left unmet, place children at risk of poor outcomes. Meitheal can be utilised by all practitioners in different agencies so that they can communicate and work together more effectively, to bring together the range of expertise, knowledge and skill to meet these needs at the earliest opportunity in order to keep children and young people safe from the risk of adverse outcomes. The Meitheal model will be led and coordinated by the CFA.

Multi-agency models of assessment and intervention have been trialled in two sites in Ireland: the Identification of Need process in Sligo/Leitrim and Donegal (ION) and the Limerick Assessment of Need System (LANS). These initiatives were themselves heavily influenced by the UK Common Assessment Framework (CAF), initially developed in North Lincolnshire and the My World Triangle developed by the Scottish Government. The Meitheal National Practice Model has been informed primarily by the ION and LANS projects but also by the work undertaken by the National Educational Welfare Board, One Child, One Plan, the Child Health Needs Assessment Framework process (Midlands); Women’s Aid Early Identification of Domestic Violence Work with the Family Support Agency; the Mol on Oige initiative in Mayo and Roscommon and the Young People at Risk (YPAR) model and Inter Agency Working Agreement in Dublin City North.
The principles which underpin the Meitheal model are:

- Parents are made aware at the outset that child protection concerns in relation to their child/children will be referred to the Children and Families Social Work service in line with Children First Guidance, 2011.
- It is a voluntary process – all aspects, from the decision to enter this process, to the nature of information to be shared, to the end point of the process, are led by the parents/caregivers and child.
- A Meitheal meeting cannot take place without the involvement of at least one parent.
- The parents determine the agencies to be involved in the Meitheal process.
- The Meitheal process looks at the whole child in a holistic manner, in the context of his or her family and environment. It takes into account strengths and resilience as well as difficulties and needs.
- It privileges the voices of the parent/carer and child, recognising them as experts in their own situations and assisting them to identify their needs and ways of meeting them.
- The Meitheal process is aligned with the wider Child and Family Support Agency Service Delivery Framework.
- The Meitheal process should be outcomes-focussed and should be implemented through a lead practitioner.

A detailed support document for the establishment of Meitheal as a national practice model has been developed, building primarily on the experience of the ION and LANS projects and will be made available to support the implementation.
THE DEVELOPMENT OF INTEGRATED SERVICES

As stated earlier, the CFSN consists of those services with a role in the lives of children and families in a given area and is a partnership that recognises that supporting families and keeping children safe is everyone’s business. Targeted and specialist services will be active participants within the CFSNs, collaborating on agreed interventions for children and families. As outlined above, this involves co-ordinated help to families before they require social work intervention, during social work interventions and post social work intervention. The continuum of support developed by the area manager and the steering committee through the application of the Commissioning Strategy will seek to ensure that families who may require different levels of support receive such support. The key distinction is that where there is a child protection concern for the child, Children First, 2011 and the forthcoming Children First legislation must be followed. Led and coordinated by the Social Work Department.

During consultation, concerns were raised that families requiring assessment and intervention under the governance of the Social Work Department may be inappropriately diverted to the Meitheal model. The Meitheal model is intended to enhance existing preventative, family support interventions and not as a method of addressing the needs of families whose needs are best met by the Social Work Department. Thresholds guidance will be developed to support consistent decision making at the point of intake to Social Work Departments. Local engagement and consultation on when a referral under Children First is required will need to continue as envisaged by section 3.4.2 of Children First. The communication guided by Section 3.4.2 of Children First - whereby referrers are encouraged to discuss and consult on concerns where it is unclear whether a referral under Children First is required - is supported and encouraged by the development of local area pathways and by the implementation of the Meitheal model.

Also during consultation, some area managers identified an issue with a backlog of referrals awaiting allocation within the Social Work Department. This was identified as an obstacle to the development of an area-based approach to prevention, partnership and family support and to the prioritisation of resources for the operation of the Meitheal model. Where this issue occurs it should be documented as part of the commissioning process. Area managers who identify such need may need to engage a single agency that is a member of the CFSN to specifically provide a differential response on behalf of the CFA, where a family has reached the threshold for Social Work involvement but where the level of risk is deemed to be low to medium. This arrangement is part of the NSDF but is distinct from the Meitheal model as clinical governance remains with the Social Work Department and should not be confused with the development of local area pathways. The needs identified through this assessment may be met during post assessment intervention - either as an allocated case within the Social Work Department or, if a decision is
made to close the case, a Meitheal or a single agency intervention may be identified to meet the need.

An overarching aim of the NSDF is to operate across all levels of need and types of service provision. In line with national policy developments, the steering committee should relate to the Children Services Committees which in turn must relate to local authority led Socio-Economic Committees. In doing so, the steering committee and the operation of the CFSNs will support the full implementation of Children First and Working Together for All Children, Governance Framework, 2011. In this way CFSNs should facilitate connections and integrated working between universal and specialist services.

5.8.1 PATHWAYS FOR FAMILIES
Families have a right how to access support when and where they need it and to know how to access it. Services should be developed, and practitioners should practice in a way that capitalises on families’ own help-seeking patterns. Once support is being provided then it should be planned in a way that is self directed by the child or young person and their family. The NSDF provides that support may be accessed by a family in a number of ways:

Children and families may access support directly from Family Support services at community level, where they do not require a Meitheal approach.

By accessing support from the unified, cohesive and integrated CFSN. This may be single-agency help or multi-agency working that does not require structured co-ordination, and it may be required for families at all levels of need.

By accessing support through a Meitheal:

- When a referral under Children First is deemed to not reach the threshold necessary for social work involvement and the referrer is advised to initiate a Meitheal (priority in phase 1).
- Directly, as a result of a discussion with a practitioner who initiates a Meitheal and informs the CFSN Coordinator (priority in phase 2).
- When a referral is accepted to the Social Work Department, assessed by the Social Work Department and closed either immediately after assessment or after period of intervention, a Lead Practitioner may then be identified to initiate a Meitheal as part of a step-down from social work intervention.

Referral to the Social Work Department under Children First and remaining open to the Social Work Department.

- Referral accepted to Social Work and needing a Family Assessment Response (Differential Response Model).
- Referral accepted to Social Work, assessed by a Social Worker and support services requested from CFSN as part of family support or child protection plan.
- In the case of children in care, referral to services provided through the local area pathway to support good practice in family maintenance and possible re-unification.
CONCLUSION

This document was developed initially with the assistance of the Detailed Design Group (Appendix 1) but also with additional input from a range of stakeholders nationwide.

The work of all those who contributed is greatly appreciated. This document has been developed, and is intended to continue to develop, important conversations between relevant stakeholders on how best to meet the needs of all children, young people and their families. Whilst consultation has taken place, it is acknowledged that not all stakeholders have had an opportunity to influence the content of this document. However the process of implementation is not yet commenced, and further consultation will take place on the precise nature and pace of implementation. Wide and deep engagement is welcomed in relation to this.
7.0

BIBLIOGRAPHY


APPENDIX: LOCAL AREA PATHWAYS
DETAILED DESIGN PROCESS

A detailed design group was convened by Aisling Gillen, National Specialist for Family Support to develop ideas and thinking around the Local Area Pathway component of the NSDF, to discuss options for the detailed design and to make design recommendations to the National Office of HSE Children and Families. The group was supported in its work by the Child and Family Research Centre, NUI Galway.

The membership of this group consisted of:

Suzanne Connolly,
Director of Children's Services, Barnardos.

Bill O’Dea,
CEO, Family Support Agency

Marie Faughey,
Area Manager, CFA

Dr. Aisling Gillen,
National Specialist, Family Support (Chair)

Colin Harrison,
Area Manager, CFA

Fiona Kearney,
Family Support Manager, CFA

Marie Kennedy,
Area Manager, CFA

Fergal Landy,
Child and Family Research Centre, NUI Galway.

Denis Leamy,
CEO Pobal represented by Paul Skinnader.

Maria MacInnes,
Area Manager, CFA

Colette McLoughlin,
Area Manager, CFA

Liam O’Dalaigh,
CEO, Daughters of Charity
Child and Family Services

Kirsten Simring,
LANS Project, Limerick.

The Detailed Design Group has sought to strike a balance between outlining the detailed requirements of a national framework whilst providing sufficient allowance for local conditions, services and needs. It is intended that area managers will use this guidance to develop a common service framework whilst utilising and re-configuring available resources and tailoring solutions to local service delivery boundaries and solutions, and local needs of children and families. A sub-group was formed to look specifically at the development of a common approach to identifying and meeting the needs of children and families for application in the development of local area pathways. Extensive nationwide consultation was undertaken with staff of children and family services via area managers as part of the design process. There was also direct consultation with Children First Information and Advice Officers and a meeting was held with representatives of the National Educational Welfare Board to discuss synergy between the development of local area pathways and the One Child, One Team, One Plan initiative.
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<th>Document drafted by</th>
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Health Service Executive